FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



MAR 1 2 2009

Temporary FORM D

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OMB APPROVAL

3235-0076

March 15, 2009

OMB Number:

Expires:

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, Washington, DC SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) GoldenTree High Yield Value Fund Offshore, L.P.	Name of Offering (check if this is an amendment and name has changed, and indicate change.) GoldenTree High Yield Value Fund Offshore, L.P. Relating to Class A and Class B Limited Partnership Interests									
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) GoldenTree High Yield Value Fund Offshore, L.P.	Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULQEY 7									
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) GoldenTree High Yield Value Fund Offshore, L.P.	Type of Filing: New Filing Amendment									
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	Name of Issuer (check if this is an amendment and name has changed, and indicate change.)									
Address of Evecutive Offices (Number and Street City State 7 in Code) Telephone Number (Including Area Code)										
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o CIBC Bank and Trust Company (Cayman) Limited, CIBC Financial Centre, P.O. Box 694, 11 Dr. Roy's Drive, Grand Cayman, KY1-1107, Cayman Islands Telephone Number (Including Area Code) (345) 949-8666										
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)										
Brief Description of Business To operate as a private investment limited partnership										
Type of Business Organization corporation business trust Ilmited partnership, already formed business trust Corporation Corporation business trust Corporation C										
Actual or Estimated Date of Incorporation or Organization: Month Year 11 01 Estimated										
Jurisdiction of Incorporation or Organization (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) FN										

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address,

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

٠		···	A. BASIC IDEN	TIFICATION DATA		
2. E	nter the information	requested for the	following:	<u> </u>		
o		<u>-</u>	e issuer has been organized	within the past five years:		
0	•	•	•	or direct the vote or disposition	n of 10% or more o	of a class of equity securities
v	of the issuer;	, where having the	power to vote or anspose, t	or an est are vote or an position	o., 1070 o. moro o	ra olass of equity securities
0	Each executive of	officer and directo	or of corporate issuers and	of corporate general and mana	iging partners of par	tnership issuers; and
o	Each general and	l managing partn	er of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☑ General Partner of the Limited Partnership
	Last name first, if it High Yield Offshor					
c/o CIBC B	Residence Address ank and Trust Comp s Drive, Grand Cayr	oany (Cayman) L	and Street, City, State, Zip imited, CIBC Financial Ce Cayman Islands			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	☑ Director of the General Partner of the Limited Partnership
Full Name (Byrne, Mart	Last name first, if in					
c/o CIBC B	Residence Address ank and Trust Comp s Drive, Grand Cayr	any (Cayman) L	and Street, City, State, Zip imited, CIBC Financial Ce Cayman Islands			
	es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	Director of the General Partner of the Limited Partnership
Full Name (Tananbaum	Last name first, if ir , Steven A.	ndividual)				
	Residence Address ank and Trust Comr		and Street, City, State, Zip imited, CIBC Financial Ce			
11 Dr. Roy':	s Drive, Grand Cayr		Cayman Islands			
·	es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	☑ Director of the General Partner of the Limited Partnership
Full Name (Bowring, Cl	Last name first, if ir hristopher	idividual)				
c/o CIBC B	Residence Address ank and Trust Comp s Drive, Grand Cayr	any (Cayman) L	and Street, City, State, Zip imited, CIBC Financial Cer Cayman Islands			
	es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Alternate Director	General and/or Managing Partner
Full Name (Last name first, if ir	idividual)				
Business or	Residence Address	(Number	and Street, City, State, Zip	Code)		
		(I In a blank		itional conies of this sheet as	managam;)	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					B.	INFORMA	TION ABO	OUT OFFE	RING				
1.			d, or does the					estors in t	his offering	?	Yes	No ⊠	
2.	What is	s the minim	num investr he discretio	nent that w	ill be acce	pted from a	ny individu				<u>\$1</u> ,	*000,000	
3. 4.	Enter the remune agent of	he informateration for soft a broker of the broker of the best to be listed	permit join tion request solicitation or dealer re d are assoc	ed for each of purchase gistered wi	person whers in conn the SEC	no has been ection with and/or wit	or will be sales of sec h a state or	paid or giv curities in t states, list	en, directly he offering the name o	or indirect . If a perso f the broke	ly, any con on to be list r or dealer.	nmission or ed is an ass If more the	ociated person or an five (5)
Full Na	me (Las	t name first	, if individ	ual)									
Busines	s or Res	idence Ado	dress (Num	ber and Str	eet, City, S	state, Zip C	ode)						
Name o	f Associ	ated Broke	r or Dealer			· · · · · · · · · · · · · · · · · · ·				·			
			ted Has Sol or check in			olicit Purch	asers	••			- **	☐ All	States
	(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT]X [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Las	t name first	, if individ	ual)			· - · · ·			·			·····
Busines	s or Res	idence Ado	iress (Num	ber and Str	eet, City, S	tate, Zip C	ode)						
Name o	f Associ	ated Broke	r or Dealer										
			ted Has Sol or check in			olicit Purch	asers			···		☐ Ail	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Las	t name first	, if individ	ual)	.		·				<u></u>		
Busines	s or Res	idence Add	iress (Numi	ber and Str	eet, City, S	tate, Zip C	ode)						
Name o	f Associ	ated Broke	r or Dealer										
			ted Has Sol or check inc			olicit Purch	asers					☐ All	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	"none" or "zero". If the transaction is an exchange offering, check this box [] and indicate in the columb securities offered for exchange and already exchanged.	ımns	below the amo		
			Aggregate Offering		Amount Already
	Type of Security		Price		Sold
	Debt	\$	0	<u>\$</u>	0
	Equity	\$	0	<u>\$</u>	0
	[] Common [] Preferred				
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	\$1,00	00,000,000	\$29	4,689,634
	Other (Specify)	\$	0	\$	0
	Total	\$1,00	00,000,000	\$29	4,689,634
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offer amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have puraggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	rchas		nd the	lar gregate Dollar Amount of Purchases
	Accredited Investors		46	\$29	4,689,634
	Non-accredited Investors	•	0	\$	0
	Total (for filing under Rule 504 only)			<u> </u>	
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities s offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offe type listed in Part C - Question 1.	old b	Classify secur		у
	Type of Offering		Type of Security		Dollar Amount Sold
	Rule 505		·	\$	6
	Regulation A			 9	<u> </u>
	Rule 504			 \$	 }
	Total			 1	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities amounts relating solely to organization expenses of the issuer. The information may be given as subject the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	t to fu		 clude	
	Transfer Agent's Fees		[x) _	\$
	Printing and Engraving Costs		[() 1	S *
	Legal Fees		[x] [S*
	Accounting Fees		[x] \$	<u>*</u>
	Engineering Fees			_	 S
	Sales Commissions (specify finders' fees separately)		-	_	
	Other Expenses (identify)		-	_	·
	Total		f	, -	2100.000*

^{*}All offering and organizational expenses are estimated not to exceed \$100,000*.

b. Enter the difference between the aggregate offering price given in response expenses furnished in response to Part C - Question 4.a. This difference is the issuer."	ie "ad	ustec	l gross proceeds t	o the		\$999,900,000
Indicate below the amount of the adjusted gross proceeds to the issuer used of purposes shown. If the amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal the adjusted gross proc C - Question 4.b above.	mate	and c	heck the box to th	e left	of th	
			Payments to Officers, Directors, & Affiliates			Payments to Others
Salaries and fees	[]	\$	[]	\$
Purchase of real estate	[]	\$	[]	\$
Purchase, rental or leasing and installation of machinery and equipment	[]	\$	[]	\$
Construction or leasing of plant buildings and facilities	[]	\$	E]	<u>\$</u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]	\$	[]	\$
Repayment of indebtedness	[]	<u>s</u>	[]	\$
Working capital	[]	\$	[]	\$
Other (specify): Investment Capital in GoldenTree High Yield Value	[>	١)	\$999,900,000	[]	\$
Master Fund a Cayman Islands exempted Limited Partnership (the "Master Fund")						
Column Totals	[,	۲]	\$999,900,000	(]	\$
Total Payments Listed (column totals added)			[x]	999,	900,0	00
D. FEDERAL SIG	NAT	JRE	.			

Issuer (Print or Type)	Signature	Date
GoldenTree High Yield Value Fund Offshore, L.P.		3/11/09
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Barry Ritholz	Authorized Signatory	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

5.